

PD

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

James Flemming

*RECEIVED
JAN 19 2010*

10 214

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

CF CF
CURRAN FromHold
correction facility

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

L Parties in this complaint:

- A.** List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name JAMES FLEMMING
ID # 833003
Current Institution CURRAN FromHold correctional facility(CFCF)
Address 7901 State Rd.
Phila, PA 19136

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____ _____ _____	
Defendant No. 2	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____ _____ _____	
Defendant No. 3	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____ _____ _____	
Defendant No. 4	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____ _____ _____	
Defendant No. 5	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____ _____ _____	

II. Statement of Claims:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? C F I F
- B. Where in the institution did the events giving rise to your claim(s) occur?
B - BLOCK - B1-4, C1-4, D1-4
- C. What date and approximate time did the events giving rise to your claim(s) occur? (8-20-09) TIME
(9/13/09) 7:00 PM - (9/21/09) 7:00 PM (10/7/09) 9:00 PM

PD

What
happened
to you?

D. Facts: I was forced to live in a multi-purpose room with 3 other inmates in a really dirty environment were I got really sick it was so bad that I got headaches like everyday. Plus the ventilation is really bad in those closets.

Who
did
what?

Nobody did nothing at medical & no correction officer wouldnt give me cleaning supplies to clean or nothing.

Was
anyone
else
involved?

Yes it was an inmate by the name of berret turking ton who was my roommate I don't remember the others names that well but it's definantly on record somewhere.

Who else
saw what
happened?

the block rep & block alternate, & other inmate throughout the jail.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

well I got really sick and I asked for medical treatment but the medical staff said I was OK. And one time they wouldn't give me NO motrin for my headaches they said it's not an emergency & to buy some on commissary. But I had a serious pain then & there from old head injury.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No _____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Facility (CFCF) curran fromhold corrections

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

I filed one on (D2 Pod 4) + C1-Pod 4

1. Which claim(s) in this complaint did you grieve? that I was put in a 4 man cell + A three man cell

2. What was the result, if any? they never even called me about the Grievances.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I didn't appeal because I never got a decision on the Grievances I put in or submitted.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies: _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I want the courts to have the jail compensate me on having to stay and live under these foul + unlivable conditions with the fact that it was three men in a cell instead of two. And the worse is that I had to be forced to sleep in a multipurpose storage room with (3) men

including myself, I'm asking that they pay me for everyday I had to endure this type of unusual treatment. Plus the fact that I had to sleep in a bed called a boat and it was located right next to the urinal where inmate had to step over me to piss or urinate & my head was right there, All I could do was smell piss all day + night. One incident I caught Bed bugs or skin mites from a dirty inmate on Block B1-4 in cell 16. that incident they locked us in for 48 hours until they thought the bug were dead they took me to medical + I was treated. I did not No I could sue for this at the time But I do want justice for it because people laughed at me + joked on me I was imb

VI. Previous lawsuits:

On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition _____

On
other
claims

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

- C. Have you filed other lawsuits in state or federal court?

Yes ____ No ____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of January, 2010.

Signature of Plaintiff

Inmate Number

Institution Address

James Henry
833003
7901 State Rd.
Phila. Pa. 19136

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 10 day of January, 2010, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff:



ASD
CFCF
DC
HOC
PICC

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services

Name James Flemming

Housing Unit 11-4

Intake Number 4735007

Police Photo Number _____

Description of Grievance, Incident or Problem
(include date and time of incident)

I'm filing this Grievance Because I was forced to live in a man cell known as a multi purpose closet it was cramped and very dirty that I broke out in cold sweats + the air was not good at all. That I got re-tort more no handcuffs I was forced to eat in all like 30 mins sometimes left in there for 24 hours. There was an occasion that happened when I needed to go to the clinic for some stomach problems because of something I ate it will not eat it get vom because they turn the stress button off. I had to wait until the next shift come on + they would not send me to medical because they said it was just severe.

Action Requested by Inmate:

I want to be transferred to another cell unshackled.

See: Continuation of Grievance - Page 2 Yes No

Describe how and when you tried to resolve this Grievance informally.

Date that you are depositing this Grievance in a grievance box:

(Signature of Grievant)

(Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services

Name JAMES flemming

Housing Unit B1-4

Intake Number 82

Police Photo Number 633003

Description of Grievance, Incident or Problem
(include date and time of incident)

I'm sending this Grievance in to complain about sleeping in the multi purpose rooms & that it's bothering my ~~bed~~ ~~surroundings~~ breathing so bad that I don't like to have a horse tonight, I don't have this rash but I've gotten from sleeping on a dirty mattress because no cover was on it.

Action Requested by Inmate:

I want to get a new mattress it's getting me sick for having to live in a closet with 3 men.

See: Continuation of Grievance - Page 2 Yes No

Describe how and when you tried to resolve this Grievance informally.

Date that you are depositing this Grievance in a grievance box:

(Signature of Grievant)

8/23/04
(Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing

ASD
CFCP
DC
HOC
PICC

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services

Name Same F. m. ns

Housing Unit D2-4

Intake Number _____

Police Photo Number 633003

Description of Grievance, Incident or Problem
(include date and time of incident)

Once again I'm in a multi-purpose room and nothing seems to have happened with authorities contacting me about the neglected situation. I have to wait till you come & over do it with kids - they tell me come when you need me, I need you. I'm going crazy in this room, it's just terrible to my health I already suffer from mental disorder, but you took me in a closed room with 3 men who give me the same way I'm treat and I want justice.

Action Requested by Inmate:

To give this jail for making me sleep in this punishment & for mental problem as well.

See: Continuation of Grievance - Page 2 Yes No

Describe how and when you tried to resolve this Grievance informally.

Date that you are depositing this Grievance in a grievance box:

9/22/09

(Signature of Grievant)

(Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing